MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO: 10587025

FILING DATE:

APPLICANT(S):

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			AS FILED		AFTER 1ST AMENDMENT		AFTER 1ST AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1					52						
3		2					53						
4		2					54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13	1		1				63						
14		1					64						
15		2					65						
16		2					66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23	1						73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.		2					TOTAL DEP.						
TOTAL CLAIMS		22					TOTAL CLAIMS						